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ABSTRACT

This digest summarizes the research on effects of the full-service school model on students with disabilities. In the full-service model, schools house a variety of health care, mental health, and related services for children and their families. Examples are listed of preventive services, early intervention services, and intensive treatments for chronic disabling conditions. Benefits for students with disabilities are suggested in the areas of prevention, support, and provision of integrated services related to special education. The paper describes some specific projects to demonstrate the emerging knowledge base on full-service schools and students with disabilities. These include California's Health Start program, the replication and evaluation of the Linkages to Learning Model by University of Maryland researchers, and the study of the relationship of full-service schools to the prevention of serious emotional disturbance in two full-service schools in urban districts in Florida. Implications for policy and practice suggest full-service schools may: (1) prevent problems from becoming serious and/or requiring referral to more intensive support programs; (2) provide early intervention services; (3) support students with multiple risk factors in accessible locations; and (4) provide comprehensive intervention support in school settings. (DB)

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RESEARCH ON FULL-SERVICE SCHOOLS & STUDENTS WITH DISABILITIES

By

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Research on Full-Service Schools and Students with Disabilities

Cynthia Warger

Full-service schools have been described as one-stop centers in which the educational, physical, psychological, and social requirements of students and their families are addressed in a coordinated, collaborative manner using school and community services and supports (Dryfoos, 1994).

In the full-service school model, schools house a variety of health care, mental health, and related services for children and their families. Offering services on school grounds alleviates many of the problems that interfere with families obtaining services for their children (e.g., no transportation, lack of understanding of public health and social service systems, inability to take time away from work, and lack of health insurance). The services offered by full-service schools vary and are delivered through collaboration among the school, agencies, and the families. Examples follow:

Preventive services

- Adult education
- Immunizations
- Family planning
- Recreation
- Afterschool care
- Social services to access basic living resources
- Economic services/job placement
- Quality early childhood education
- Mental/physical health screening
- Consultation
- Drug and alcohol prevention
- Drop-out prevention
- School meal programs
- Child care

Early intervention services

- Guidance and counseling
- Tutoring
- Public health care
- Conflict resolution
- Child abuse education
- Juvenile alternative services
- Latch-key services
- Mental health counseling

Intensive treatments for chronic disabling conditions

- Special education services
- Related services
- Emergency, crisis treatment
- Case management

How Do Full-Service Schools Benefit Students with Disabilities?

The potential of full-service school programs for students with disabilities is only beginning to become apparent. For the most part, full-service school programs have been designed for at-risk children. The emerging literature base ties the concept of full-service schools to the following areas of need:

- **Prevention.** Because of their emphasis on prevention, full-service schools hold promise for providing services to children early, when health or behavior problems are first detected. Early intervention has often been shown to reduce the risk of more severe problems.
- **Support.** Students with disabilities come disproportionally from families who are living in poverty and/or living with physical or mental health needs or educational needs (e.g., literacy). Integrating services at the school holds particular promise for improving outcomes for these children. Full-service schools can provide noncurricular services to students that support their total well-being, enabling them to learn.
- **Integrated services related to special education.** The Individuals with Disabilities Education Act (IDEA) and the 1997 Amendments underscored the importance of viewing special education as a service and not as a place. The full-service school program benefits students with disabilities because it provides easy access to services. Further, providing school-based services may reduce concerns of general education personnel regarding complex medical or behavioral problems, by providing access to specialists.

What Is Research Finding About Full-Service Schools and Students with Disabilities?

During the last decade, the US Department of Education's Office of Special Education Programs (OSEP) has funded several projects to investigate the status of full-service schools in serving students with disabilities. The following project descriptions represent an emerging knowledge base on the state of practice.

Participation of Students with Disabilities in California's Statewide Initiative

California's Healthy Start program, a state program designed to integrate services near or at school settings, provided the context for researchers at SRI International to evaluate system issues, service issues, and family outcomes related to providing school-linked services. Researchers concluded that special education teachers had contact with the school-linked services programs.

Researchers also interviewed families of children with disabilities regarding their involvement and satisfaction levels with the school-linked programs. The majority of those families who had received services, found them to be easily accessible and of high quality.

Researchers offered the following recommendations for practice (Blackorby, Newman, & Finnegan, 1997; Blackorby, Newman, & Finnegan, 1998):

- Staff from the different agencies must open lines of communication, conduct a needs assessment to determine services to be offered, and resolve differences in procedures, ideology, and structure.
- Staff must conduct an ongoing review of records and needs assessments to ensure that appropriate services are being provided.
- Students with disabilities must be specifically targeted by school-linked services sites.
- Personnel at school-linked services sites must find ways to reach all limited-English-proficient populations.

Replication and Evaluation of a Full-Service Model

University of Maryland researchers replicated and evaluated the Linkages to Learning Model for the delivery of school-based mental health, health care, and social services (Fox, Leone, Rubin, Oppenheim, Miller, & Friedman, 1999). The model was designed to provide prevention and early intervention services to children at risk for developing emotional and behavior disorders.

The school and the community were involved in initial and ongoing needs assessments to determine student needs. Mental health, social service, educational support, and physical health services were offered as part of the full-service model.

Researchers found that in the full-service model:

- Classroom teachers reported a positive effect on children's behavior over time.
- Children who needed services most were the ones who received them.
- Children reported significantly higher emotional distress levels at baseline than children in the control school. Three years later, distress scores for children in the experimental school were lower than those of children in the control group.
- Children receiving educational services improved significantly more on tests of mathematic achievement.
- Parents reported a significant decrease of children's negative behaviors over 3 years.

The Relationship of Full-Service Schools To the Prevention of Serious Emotional Disturbance

Researchers Marjorie Montague and Anne Hocutt at the University of Miami studied two full-service schools in urban districts in Florida. The schools were selected because they had a large proportion of children who were poor and likely to be eligible for Medicaid. Both schools had state-funded clinic buildings on school grounds that housed the service providers.

Overall, locating the services on school grounds resulted in greater access and utilization. An important focus of the study was a qualitative investigation of the facilitators and barriers to service access and utilization with the full-service school approach for children at risk for emotional disturbance. Characteristics that facilitated access to services included:

- **Coordination.** School-based coordinators and teams were utilized to link the full-service school programs to the general school program.
- **Community involvement.** Monthly meetings of school personnel, families, and community providers took place.
- **Building administrator support.** The principal supported the full-service program by developing creative use of funds, organizing community resources, and demonstrating commitment to the program.
- **Cultural sensitivity.** Educational and other services at the schools were provided in a culturally appropriate manner. Service providers represented the cultural and linguistic backgrounds of the children served.

Researchers found funding of the services to be a major barrier (Hocutt, Montague, & McKinney, 2000). They concluded that Medicaid and managed care were not viable funding sources in the prevention of serious mental health problems.

Implications for Policy and Practice

The concept of full-service schools fits with the trend in special education to form interagency and family collaborations and to integrate comprehensive services into the student's educational program. Full-service schools hold promise for addressing the needs of children in special education in the following ways:

- Preventing problems from becoming serious and/or being referred to more intensive support programs.
- Providing early intervention.
- Supporting students with multiple risk factors in accessible locations.
- Providing comprehensive intervention support in school settings.

More research is needed to explore specific features of how students with disabilities may be served in full-service school models. In addition, research is needed that addresses the variety of implementation issues (e.g., funding, forming collaborative partnerships, eligibility for services, and interfacing classroom staff with service providers) that affect delivery of services.

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